PAGE 1 / 16

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

PONIVI 3	For An Aut	horized Com	mittee			Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5		
Pat Bryan for Congress	Committee					1	
ADDRESS (number and street)	1248 W. Bell St. #	3					
▼ Check if different							
than previously reported. (ACC)	Houston				LTX L	77019	
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲		5	STATE A	ZIP CODE ▲	
C C00599043		3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT  TX  02  L  L  D  D  D  D  D  D  D  D  D  D  D	
4. TYPE OF REPORT (Cho	ose One) (b	o) 12-Day <b>PRE</b>	-Election Repor	t for the:			
(a) Quarterly Reports:			Primary (12P)		General (1	2G) Runoff (12R)	
April 15 Quarterly Report (Q1)	eport (Q1)	П	Convention (1)				
July 15 Quarterly Re	port (Q2)		Convention (12C) Special (12S)				
October 15 Quarterly	/ Report (Q3)	Election on	M M /	D D /	Y Y Y Y	in the State of	
January 31 Year-End	Report (YE) (c	30-Day <b>POS</b>	T-Election Repo	ort for the:			
			General (30G)		Runoff (30	R) Special (30S)	
Termination Report (	TER)	Election on	M M /	D D /	Y Y Y Y	in the State of	
5. Covering Period 01	/ 01 /	2017 Y	through	M M 03	/ 31 /	Y Y Y Y Y 2017	
I certify that I have examined this Type or Print Name of Treasurer	Report and to th Black, lan, , ,	e best of my kr	nowledge and b	elief it is tru	ue, correct and	complete.	
Black Signature of Treasurer	Ian, , ,		[Electronically F	iled] D	Pate 04	/ D D / Y Y Y Y Y Y 2017	
NOTE: Submission of false, erroned	ous, or incomplete i	nformation may	subject the perso	on signing tl	his Report to th	e penalties of 52 U.S.C. §30109	
Office							
Use Only						FEC FORM 3 (Revised 05/2016)	

#### **SUMMARY PAGE**

of Receipts and Disbursements

01

FEC Form 3 (Revised 05/2016)

2017

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2017

03

Write or Type Committee Name Pat Bryan for Congress Committee

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 352.80 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 352.80 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1885.27 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 11558.31 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

### Pat Bryan for Congress Committee

Report Covering the Period: From: 01 01 2017 To: 03 31 2017

I. RECEIPTS  11. CONTRIBUTIONS (other than loans) FROM:		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	235.11	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	235.11	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	235.11	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	352.80	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21.	OTHER DISBURSEMENTS	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	352.80	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	1885.27	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		1885.27	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	1885.27	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5
FOR LINE NUMBER: (check only one)

×	13a
	13b

16

OF

Transaction ID: SC/10.4120 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary BRYAN, PAT, , , General Mailing Address 1248 WEST BELL STREET #3 Other (specify) City State ZIP Code X Personal Funds of the Candidate HOUSTON  $\mathsf{TX}$ 77019 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1320.32 0.00 1320.32 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 02M ž016 11/9/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1320.32 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6
FOR LINE NUMBER: (check only one)

**X** 13a

OF

		100
NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee	е	Transaction ID : SC/10.4127
LOAN SOURCE Full Name (Last, First, Mi BRYAN, PAT, , ,  Mailing Address 1248 WEST BELL STREET #3	Memo Item  Election: 2016	
1248 WEST BELL STREET #3		
City	State	ZIP Code
HOUSTON	TX	77019
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
1321.29		0.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M02 <sup>M</sup> / D08 <sup>D</sup> / Y Z016 Y	M M / D D	/ 11/9/16 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City.	ZID Code	Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	ZIF Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Oity	Zii Gode	Outstanding:
SUBTOTALS This Period This Page (optional)		1321.29
TOTALS This Period (last page in this line only	ly)	
Carry outstanding balance only to LINE 3. Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7
FOR LINE NUMBER: (check only one)

13a

					130	
NAME OF COMMITTEE (In Full) Pat Bryan for Congress Co	mmittee	•		Transa	action ID : SC/10.4142	
LOAN SOURCE Full Name (Last	, First, Mic	Idle Initial)		Memo Item	Election: 2016	
BRYAN, PAT, , ,	,	,			Primary	
					<b>✗</b> General	
Mailing Address 1248 WEST BELL STREET #3					Other (specify)	
City		State	ZIP Co		Personal Funds of the Candidate	
HOUSTON		TX	77019			
Original Amount of Loan		Cumulative Page	yment To	Date Ba	lance Outstanding at Close of This Period	
300	00.00			0.00	3000.00	
TERMS Date Incurred		C	Date Due	Interest Ra (If none, ente		
M04 <sup>M</sup> / D04 <sup>D</sup> / Y Ž016	Y	M M / D D	/ Y1	1/9/2016 <sup>Y</sup>	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors	(if any) to	o Loan Source				
1. Full Name (Last, First, Middle	` •,			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	yy	
4. Full Name (Last, First, Middle I	nitial)	!		Name of Employer		
Mailing Address			Occupation			
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7	
SUBTOTALS This Period This Page	(optional)			······	3000.00	
TOTALS This Period (last page in th	is line only	y)		······		
Carry outstanding balance only to L	INE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

**PAGE** OF FOR LINE NUMBER: **X** 13a (check only one)

16

13b Transaction ID: SC/10.4145 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary BRYAN, PAT, , , General X Mailing Address 1248 WEST BELL STREET #3 Other (specify) City State ZIP Code X Personal Funds of the Candidate HOUSTON  $\mathsf{TX}$ 77019 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 489.03 0.00 489.03 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 05M ž016 <sup>Y</sup> 11/9/2016 <sup>Y</sup> x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 489.03 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

**PAGE** OF FOR LINE NUMBER: **X** 13a (check only one)

16

13b Transaction ID: SC/10.4143 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary BRYAN, PAT, , , General X Mailing Address 1248 WEST BELL STREET #3 Other (specify) City State ZIP Code X Personal Funds of the Candidate HOUSTON  $\mathsf{TX}$ 77019 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>13<sup>D</sup> M 06M ž016 <sup>Y</sup> 11/9/2016 <sup>Y</sup> x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a 13b

OF

		100					
NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committe	ee	Transaction ID : SC/10.4144					
LOAN SOURCE Full Name (Last, First, MBRYAN, PAT, , ,  Mailing Address 1248 WEST BELL STREET #3	☐ Memo Item ☐ Election: 2016 ☐ Primary ☐ General ☐ Other (specify) ▼						
City	State	ZIP Code					
HOUSTON	TX	77019 Personal Funds of the Candidate					
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period					
286.13	,	0.00 286.13					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
M06M / D20D / Y Ž016 Y	M M / D D	0.00					
List All Endorsers or Guarantors (if any	) to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed					
		Outstanding:  Name of Employer					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount Guaranteed					
City State	ZIP Code	Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11
FOR LINE NUMBER: (check only one)

**X** 13a

				,	13b
NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee	 e		Tra	ansaction ID : SC/10.4174	
				T =	
Bryan, Pat, , ,		☐ Memo	Item Election: 2016 Primary General		
Mailing Address 1248 W. Bell St. #3				Other (specify)	
City	State	ZIP Code		M Demond Funds of the Cond	1: -1 - 1 -
Houston	TX	77019		Personal Funds of the Cand	lidate
Original Amount of Loan	Cumulative Pay	yment To Da	te	Balance Outstanding at Close of This F	<sup>2</sup> eriod
2500.00		7	0.00	2500.00	
TERMS Date Incurred	С	Date Due	Interest (If none,	t Rate Secured:	
M09M / D30D / Y Z016 Y	M M / D D	y žo	18 Y	0.00 % (apr) Yes	No
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		0	Occupation		
		A	mount		
City State	ZIP Code		uaranteed utstanding:		
2. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address			Occupation		
		А	mount		
City State	ZIP Code		uaranteed utstanding:	, , , , , , , , ,	
3. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		O	ccupation		
		А	mount		
City State	ZIP Code		uaranteed utstanding:	, ,	
4. Full Name (Last, First, Middle Initial)	'	N	ame of Employer		
Mailing Address			ccupation		
			mount		
City State	ZIP Code	G	uaranteed utstanding:	7	
SUBTOTALS This Period This Page (optional)					_
TOTALS This Period (last page in this line on				2500.00	닉
				7 7	
Carry outstanding balance only to LINE 3. So	hedule D. for this	s line. If no	Schedule D. carry	v forward to appropriate line of Summ	arv

Use separate schedule(s) for each category of the Detailed Summary Page

**PAGE** 12 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4100 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Pat Bryan for Congress Committee General Mailing Address 1248 W. Bell St. #3 Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate  $\mathsf{TX}$ 77019 Houston Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 265.00 0.00 265.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 <sup>D</sup>12<sup>D</sup> Ž015 <sup>Y</sup> 11/8/2016 <sup>Y</sup> x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 265.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

**PAGE** 13 OF FOR LINE NUMBER: **X** 13a (check only one)

16

13b Transaction ID: SC/10.4101 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Pat Bryan for Congress Committee General Mailing Address 1248 W. Bell St. #3 Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate  $\mathsf{TX}$ 77019 Houston Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M D 18D Ž015 <sup>Y</sup> 11/8/2016 <sup>Y</sup> x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 200.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a

OF

		100				
NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee	Э	Transaction ID : SC/10.4102				
LOAN SOURCE Full Name (Last, First, Mi Pat Bryan for Congress Commit	☐ Memo Item					
Mailing Address 1248 W. Bell St. #3	Other (specify) ▼					
City State Houston TX		ZIP Code 77019  Personal Funds of the Candidate				
Houston Original Amount of Loan	Cumulative Pa					
4000.00	Gundative Ta	4059.06 -59.06				
TERMS Date Incurred	Γ	ate Due Interest Rate Secured: (If none, enter 0)				
M12M / D10D / Y Z015 Y	M M / D D	/ 11/8/2016 <sup>Y</sup> 0.00				
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional).		-59.06				
TOTALS This Period (last page in this line onl	TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3. Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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13a

OF

						130	
	ME OF COMMITTEE (In Full) at Bryan for Congress Con	nmittee			Transa	ction ID : SC/10.4103	
	LOAN SOURCE Full Name (Last, First, Middle Initial)  Pat Bryan for Congress Committee  Mailing Address 1248 W. Bell St. #3					<b>x</b> Primary	
-						General Other (specify) ▼	
	City State		State			Personal Funds of the Candidate	
ŀ				Date Ra	lance Outstanding at Close of This Period		
	Original Amount of Loan Cumulative Payment To  0.49				0.00	0.49	
Ī	TERMS Date Incurred		С	ate Due	Interest Rat (If none, ente		
	M12M / D16D / Y Z015	Υ	M M / D D	/ <sup>Y</sup> 1	1/8/2016 <sup>Y</sup>	% (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	Loan Source				
Ī	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
		la	T=:= 0 :		Amount Guaranteed		
	City	State	ZIP Code			7	
	Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer  Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7	
	3. Full Name (Last, First, Middle In	l itial)			Name of Employer  Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y y	
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer		
	Mailing Address			Occupation			
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
sı	JBTOTALS This Period This Page (o	optional)				0.49	
	OTALS This Period (last page in this					, , , , ,	
r	arry outstanding balance only to U	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	
	,	,	, and		Junio 2, Juniy 101		

Use separate schedule(s) for each category of the

**PAGE** 16 OF FOR LINE NUMBER: **X** 13a (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4185 NAME OF COMMITTEE (In Full) Pat Bryan for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Pat Bryan for Congress Committee General X Mailing Address 1248 W. Bell St. #3 Other (specify) City State ZIP Code X Personal Funds of the Candidate  $\mathsf{TX}$ 77019 Houston Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 235.11 0.00 235.11 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M D09D ž016 **2016** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 235.11 TOTALS This Period (last page in this line only) ...... 11558.31 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.